Mental Health Recovery in King County
2009 Annual Report

"Mental health recovery is a journey of healing and transformation enabling a person with a mental health problem to live a meaningful live in a community of his or her choice while striving to achieve his or her full potential.

- From the National Consensus Statement on Mental Health Recovery

Department of Community and Human Services
Mental Health, Chemical Abuse and Dependency Services Division

Recovery Executive Committee Membership Roster

Kelli Carroll, Principal Legislative Analyst, King County Council Representing: King County Council **Nancy Dow-Witherbee**, King County Mental Health Advisory Board, (former Chair) Representing: Mental Health Advisory Board **Julie Spector**, Judge, King County Superior Court Representing: Superior Court **Arthur Chapman**, Judge, King County District Mental Health Court Representing: District Court	**Jackie MacLean**, Director, King County Department of Community and Human Services (DCHS) Representing: King County DCHS **Kathy Van Olst**, Director, King County Department of Adult and Juvenile Detention Representing: Adult and Juvenile Detention **Committee Staff:** Jean Robertson, Assistant Division Director, Mental Health, Chemical Abuse and Dependency Services Division (MHCADSD)

Recovery Advisory Committee Membership Roster

Trish Blanchard, Sound Mental Health Representing: Providers **Marilyn Daniel**, Valley Cities Counseling and Consultation Representing: Consumers **Stacey Devenney,** Valley Cities Counseling and Consultation Representing: Providers **Mike Donegan,** Downtown Emergency Service Center Representing: Providers and employment specialist **Nancy Dow-Witherbee**, King County Mental Health Advisory Board Representing: Mental Health Advisory Board **Veronica Kavanagh** Representing: Family members **Laura Meins** Representing: Consumers **Helen Nilon** Representing: Consumers	**Kelli Nomura**, Community Psychiatric Clinic Representing: Providers **Joyce Stahn-Mardock** Representing: National Alliance on Mental Illness and family members **Eugene Wan** Representing: Mental Health Advisory Board **Pam Wilson** Representing: Consumers **Open Position** Representing: King County Alcohol andSubstance Abuse Administrative Board **Committee Staff (MHCADSD):** Terry Crain, Mental Health Recovery Specialist Barbara Vannatter, Clinical Services Specialist LaTonya Rogers, Parent Support Specialist

Voices of Recovery – A Consumer Advisory Committee Membership Roster

Annette DuBois **Larry Folkerts** **Laura Meins** **Kenneth Patterson** **Mathew Peterson** **Tae Suh** **Felton Swain**	**Janine Boyer** **Two open positions for parents of children receiving mental health services in King County** **Committee Staff (MHCADSD):** Terry Crain, Mental Health Recovery Specialist Lenore Meyer, Quality Review Team

Executive Summary

As required by King County Ordinance 15327 adopting the King County Mental Health Recovery Plan, the Department of Community and Human Services (DCHS), Mental Health, Chemical Abuse and Dependency Services Division (MHCADSD), have prepared the Mental Health Recovery in King County 2009 Annual Report. The report offers a summary of the activities and accomplishments of the county's efforts, in concert with many individuals and stakeholders, in working to transform the publicly funded mental health system in King County. This transformation embraces and supports the recovery of the people who participate in mental health services.

This report details the substantial progress that has been made over the past year. Three key groups partnered with MHCADSD to provide direction, grounding, evaluation and planning for the mental health recovery initiative. The three groups were the Recovery Executive Committee, the Recovery Advisory Committee, and the Voices of Recovery. Together, these three groups comprise a wealth of experience and knowledge of the people who participate in mental health services and those that provide the services.

The Recovery Executive Committee, a stakeholder group of county policy makers, met early in 2009 to review progress and plans for the coming year. Members are particularly interested in seeing opportunities for peer support services expanded in the future, and the value of that service recognized as an integral component of the mental health system. Additionally, they advocate for peer support service specialists receiving appropriate compensation.

The Recovery Advisory Committee is a stakeholder group of providers, consumers, and family members that meets monthly. This committee provides regular feedback about community and provider perceptions of how the recovery implementation process is progressing and helps to identify barriers to recovery implementation, unintended consequences, and recommendations for ways to reduce or eliminate them. In addition to this ongoing work, the Recovery Advisory Committee assisted in developing the workforce and consumer community training program in the last year.

The Voices of Recovery, a consumer advisory committee, meets twice per month. In the last year, members participated in site reviews at the mental health agencies to measure progress made toward agency recovery goals, and presented at recovery celebrations for consumers. The committee also invited representatives of the consumer councils at the agency level to attend the first meeting of each quarter to share information, build hope, and strengthen consumer voice.

People who participate in mental health services and who have mental health challenges variously self-define as consumers, clients, patients, survivors and as simply, people. In the interest of clarity and consistency, this document will use the term "consumer".

Groundwork that was laid in the first years of implementation of the Mental Health Recovery Plan has resulted in significant progress toward system change. This report will describe that progress toward the goals of the plan. It will also provide information about the important initiatives underway to improve the system of care in King County to support the recovery of people who live with the challenges of mental illness in our communities.

2009 Highlights

- Recovery celebration events to spread the good news about recovery were attended by a total of 200 people in five locations throughout King County. Members of the Voices of Recovery group participated as presenters.
- Coordination with the criminal justice system is being improved by the development of a new comprehensive training for outpatient mental health workers who will be "forensic" specialists. The training was provided for the first time in September 2009.
- Fall site visits to mental health agencies to review progress on their agency recovery plans found significant progress. There are now nine consumer councils, an increase from five originally, and 48 peer support specialists, an increase from 17. Consumers on the Voices of Recovery advisory committee and the Quality Review Team participated in the reviews, exemplifying the recovery principle of "nothing about us without us".
- Training for the workforce in recovery begins in 2009 with a contract with Essential Learning for Web-based, online learning. The curriculum will include competencies and technologies known to be helpful and supportive of recovery.
- Peer counselor training continues with the fourth class provided by MHCADSD in June 2009. A fifth class is planned for fall 2009 at capacity enrollment with a waitlist of 50 people.
- The first King County Mental Health Recovery Poster Art Contest had 42 entries from 21 artists on a theme of the essential components of recovery. The winning poster is being distributed to help educate consumers and the community about mental health recovery.
- Incentive payments to mental health providers in 2009 helped put into place the structures and processes that will lead to the outcomes consumers and family members want, thus rewarding practices that contribute to recovery.
- The King County Mental Health Recovery Web page went live in January 2009. Pages include inspirational recovery stories submitted by consumers – becoming the heroes of their own stories; information about recovery, resiliency, and wellness in general; summaries and updates about the recovery initiatives in King County; and links to other useful recovery resources.

Introduction

What is mental health recovery?

In 2003, the President's New Freedom Commission on Mental Health report was released, which stated:

> *"Recovery refers to the process in which people are able to live, work, learn and participate fully in their communities. For some individuals, recovery is the ability to live a fulfilling and productive life despite a disability. For others, recovery implies the reduction or complete remission of symptoms. Science has shown that having hope plays an integral role in an individual's recovery."*

Similar to living with an illness such as diabetes or asthma, mental health recovery requires a person with mental health challenges to become an active partner in finding and maintaining their own wellness. The principles of recovery empower individuals to reach for their dreams and find hope in tomorrow. There is no single definition for recovery. Recovery is unique to each individual and is based on what recovery means to that person.

Many people on the recovery journey report that their symptoms begin to diminish over time. Research and experience has found that for a significant percentage of people diagnosed with a major mental illness, full recovery is possible.

Who will recover?

Multiple analyses have looked for variables that will predict who will and who will not recover. Significantly, to date, research has found no way to predict which persons might recover. Since the mental health system cannot predict who will and to what degree, *each and every person* must be assumed to be able to recover.

Does the type of mental health services matter?

A study compared a state program that operates from a recovery paradigm with rates of recovery at 67 percent to a traditional state program that focused on maintenance and stability with a recovery rate of 47 percent - evidence that recovery focused care produces greater outcomes for consumers.

The Fundamental Components of Mental Health Recovery

* Hope
* Self-Direction
* Empowerment
* Holistic
* Non-Linear
* Individualized and person-centered
* Strengths-Based
* Peer Support
* Respect
* Responsibility
* Resilience

From the National Consensus Statement on Mental Health Recovery

Background

On November 15, 2005, the King County Council passed Ordinance 15327, a revised Mental Health Recovery Ordinance. The council action also adopted the Recovery Plan for Mental Health Services, dated August 2005, to serve as an overall guide for implementation. This document including a five-year work plan for transforming King County's mental health service system from one based on community support and maintenance to one based on recovery and resilience. The recovery plan described the five-year work plan as occurring in three phases.

King County Mental Health Recovery Plan:

- Phase I. Create a shared vision of recovery (2005-2006)
- Phase II. Initiate change (2006-2008)
- Phase III. Increase depth and complexity (2008-2010).

Key Tasks to be addressed in each phase:

- Develop and refine a shared vision of recovery
- Identify and analyze best practices and how these might be implemented
- Assess existing services and resources, including reimbursement models that might best encourage resource realignment
- Identify strategies, goals, action steps and timelines.

As part of the 2006 King County budget, the council approved a budget proviso to support the costs related to the necessary system change. As directed by the proviso, a Phase I detailed work plan was prepared and submitted to the council for review and approval in March 2006. In June 2007, a Phase II implementation plan was approved by the council. Ordinance 15327 directed DCHS, MHCADSD, to prepare annual reports for the council's review. The 2008 Mental Health Recovery Annual Report dated October 2008 summarized progress in Phase II and described the transition underway to Phase III. Attachment A provides the history of milestones achieved in Phases I and II.

The 2005 Mental Health Recovery Ordinance was actually the second ordinance adopted by the council related to recovery. On October 16, 2000, the council passed Recovery Ordinance 13974. According to this earlier ordinance, persons with severe mental illness should become "recovered," and spoke of clients becoming less dependent as a measure of recovery. Reporting requirements focused on adults only, and only those with certain diagnoses.

Phase I: Creating a Shared Vision of Recovery

In order to create a shared vision of recovery, a number of activities were initiated. Integrated stakeholder groups were formed for planning and evaluation of system change. Three executive retreats took place for provider agency management staff to ensure a common understanding and investment in moving the system forward. Numerous presentations on recovery were provided for mental health workers and consumers. A thorough review of evidence-based practices was completed, to gain knowledge and expertise in recovery principles. The MHCADSD invested in hiring a recovery specialist to lead and focus the recovery initiatives. Mental health provider agencies agreed, by contract, to participate in recovery initiatives.

Phase II: Initiation of Change

In order to initiate change within the publicly funded mental health system, a shift in approach needed to occur within the county and among the provider network. In the Phase II Implementation Plan, published in June 2007, three clear strategies were articulated to facilitate the needed changes:

Strategy 1 – Rewarding Structures, Processes and Outcomes that Promote Mental Health Recovery
Strategy 2 – Provide Workforce Training in Recovery Practices
Strategy 3 – Use of Regulatory Practices to Promote Change, including More Focused Monitoring on Policies, Procedures and Contracts

The MHCADSD worked with an expert consultant and developed a way to fund and reward recovery practices, and create incentives for change. The Incentives Implementation Work Group was formed as a partnership of provider mental health agencies and MHCADSD. The work group began meeting in 2007 to define ways to weigh, measure, and prioritize the incentives. The incentives plan allows for incentives to be individualized to each agency, taking into account their size, the population they serve, and their unique challenges as they transform to a recovery orientation.

In 2007, mental health agencies received the incentive funds by committing to participate in system transformation efforts via a "letter of intent." This included an increase in case rate payments beginning in June 2007 through December 2007. Agencies were explicitly encouraged to utilize these funds to begin shifting to more recovery oriented services.

Also in 2007, MHCADSD created a template of a self-assessment and agency recovery plan. The self-assessment was intended to inform the agencies about the types of strategies the agency might need to employ to effect broad change. The agency recovery plan template described the services and systems expected to be in place in a recovery oriented program. All 16 mental health agencies completed a self-assessment and created an agency recovery plan, with goals and objectives unique to the people they serve and the strengths and challenges of the agency. Preparing and submitting these plans were the basis of the 2008 incentive payments. All 16 outpatient provider agencies earned this incentive payment.

Experience has shown that the system demonstrates improved flexibility, strength and integrity, inasmuch as recovery principles are expressed throughout the transformation process and across all levels of the system. For example, the initial work force training plan was largely developed by county staff. The planned training would have provided exactly the same training for everyone and the one-size-fits-all approach proved ineffective.

Recovery means remembering who you are and using your strengths to become all you were meant to be. Similar to living with an illness such as diabetes or asthma, mental health recovery requires a person to become an active partner in finding and maintaining their own wellness. The principles of recovery empower individuals to reach for their dreams and find hope in tomorrow. There is no single definition for recovery. Recovery is unique to each individual and is based on what recovery means to each person.

A more thoughtful planning process that better incorporated recovery principles resulted in a training plan that includes the ability to assess the strengths and needs of each person to be trained in order to develop a training plan individualized to the participant and the agency's goals. Consumers and providers worked in partnership with county staff to identify the competencies needed in order for services to be more recovery oriented and arrived at revised work force training plan.

The recovery journey of the King County mental health system has resulted in other changes as well. As implementation evolves from the initiation of change in Phase II into Phase III, increasing the recovery system in depth and complexity, changes to the strategies were indicated.

Strategy 2 was revised from work force training in recovery to widen the provision of training and support to consumers, workers, and the community at large. The revision was made in response to recommendations from the Recovery Advisory Committee and the Voices of Recovery Advisory Committee. Recovery literature confirms the principle that recovery is best fostered and supported in the context of a relationship where both the consumer and the worker are recognized as experts in their experience and understanding of what works. The expanded focus of Strategy 2 also addresses issues of social inclusion and reduction of stigma in the community.

As part of Strategy 2, MHCADSD began sponsoring the state approved peer counselor training locally in 2008 to ensure King County consumers had access to the training. Two trainings were provided to mental health agencies to help them understand the body of work and the value of peer support services. Standards were developed for the responsibilities, training, and supervision specific to peer support services.

An annual review of policies and procedures and contracts started to define and refine the expectations related to practices that better support mental health recovery. Wording was amended where necessary to ensure person-first language. The rationale behind person-first language is recognition of the human being first, and that the disability is only a part of that person. It makes us think about the person as coping with a mental illness, rather than being thought of or defined by the mental illness.

The following pages summarize the activities and accomplishments of the last year according to the three strategies introduced above.

<u>Strategy 1: Rewarding Structures, Processes and Outcomes that Promote Mental Health Recovery</u>

The domains for which outcomes are desired were identified in a stakeholder process earlier in Phase II, including: employment, education, and meaningful activities of life; community tenure (staying out of the hospital or jail); quality of life; and housing.

Development of incentives focused on the first three of these domains. While having a safe place to live is clearly the foundation of recovery, housing development is a long-term, complex, and high-cost venture. The amount available for incentives was determined to be too small to be useful in that arena. However, MHCADSD continues to work with the Seattle Housing Authority and the King County Housing Authority to advocate for housing development for mental health consumers. In addition, ending homelessness is one of four key foci of DCHS, which hosts the Committee to End Homelessness in King County. The committee is a broad

coalition of government, faith communities, nonprofits, the business community, and homeless and formerly homeless people working together to implement the regional Ten-Year Plan to End Homelessness in King County. Jackie MacLean, Director of DCHS, participates in the Interagency Council of the Committee to End Homelessness. Given other department efforts on housing and homelessness, the available recovery incentive dollars are focused on the other three domains.

Incentives are initially being paid for structures and processes. Structures are the service delivery models that meet fidelity standards and/or are priority services or practices that promote recovery. Processes are the activities agencies engage in that ultimately result in desired outcomes for consumers. For example, implementing a high fidelity supported employment program is a structural component. Delivering an increased number of supported employment services would be a process component. The outcome is more consumers becoming employed.

Multiple process and outcome measures have been identified for three of the four domains and all of these measures will be tracked. In order for the incentive payments to have sufficient weight to motivate change, however, only a subset of these measures have had incentive payments attached initially.

The selected process measures are tailored to address the differences in the needs of children and youth, adults, and older adults:

Youth and Families (age 0-17)

1. Increased number of age appropriate developmental assessments
2. Increased number of collaborative contacts with other involved systems
3. Parent and peer support services are provided

Adults (age 18-59)

1. Supported employment services are provided
2. Face to face services are provided within seven days of release from incarceration or hospitalization
3. Peer support services are provided

Older Adults (age 60+)

1. Care plans reflect older adults are engaged in meaningful activities
2. Care plans reflect client voice and choice

In 2008, specific structures and processes for each age group began to be measured. Data accuracy improvement efforts are providing the reliability in the data necessary to set benchmarks. Baseline data has been provided to the agencies for system improvement.

Strategy 1 Achievements (July 2008 – July 2009)

Technical Assistance: The submission of the agency recovery plans gave agencies a structured way to request technical assistance. The MHCADSD provided the network of agencies with an overall technical assistance plan. The plan incorporated individual meetings to address specific concerns and how work force training would provide needed information about evidence-based, recovery practices. Feedback for each agency, from a site based review of progress in the fall of 2008, provided further technical assistance.

Incentives: Earning the incentives for 2009 was based on the establishment of four structures and processes (see right). While incentives were earned by all the agencies in 2007 and 2008, continued progress and performance on specific measures is required to continue to earn those incentive dollars. The Incentive Implementation Work Group met in 2008 and 2009 to continue identifying targets, to address any barriers to achieving their targets, and to plan for outcome measures to come.

2009 Recovery Incentives:
Percentage of Agencies Earning Incentives

- Implementation of developmental assessments for children: 100 percent
- Supported employment provided with fidelity to the model: 100 percent
- Face to face service within seven days of release from hospital or jail for adults: 58 percent
- Progress made toward agency recovery plan goals: 93 percent

Developmental Assessments: Developmental screening instruments were identified and adopted system-wide for children ages birth to five years. Additionally, MHCADSD collaborated with the youth provider network to create a developmental framework for use with youth ages six through 21. Both were implemented system-wide in early 2009.

Supported Employment: The MHCADSD conducted site visits to the supported employment providers in early 2009 to review their fidelity to the model of services, and coordinated further training and technical assistance for providers with the State Mental Health Division.

Face to Face Service: The percentage of agencies earning the incentive based upon face to face service within seven days of release from hospital or jail was relatively low, primarily for the measure related to release from jail. Performance regarding release from the hospital actually improved over the baseline.

An ad hoc work group was formed to identify the system barriers to improve performance relative to incarcerated individuals. This resulted in a recommendation that agencies identify forensic staff to specialize in working with the criminal justice system. King County has developed a comprehensive and intensive training about working with the criminal justice system. The training will help the new forensic staff be successful in engaging people before and after release from jail, and to provide technical assistance to all staff within the agency in increasing overall agency performance. The first criminal justice training is scheduled for September 2009.

Agency Recovery Plans: In the fall of 2008, MHCADSD visited each mental health agency to review progress toward agency defined goals on their agency recovery plans. These plans were created and submitted by King County contracted mental health agencies in the fall of 2007. The MHCADSD review team included consumers from the Voices of Recovery advisory committee and the MHCADSD Quality Review Team who met with consumers and peers at some agencies to ask them about their perceptions of change. Findings from the site visit informed decisions about incentive payments for 2009, as well as indicating areas where technical assistance might be needed.

Progress on Agency Recovery Plans

- Consumer Advisory Councils: There are nine agency consumer advisory councils with plans for five more, compared to five total for last year.
- Peer Support Specialists: There are 48 full time employees compared to the 32 the agency plans committed to, and an increase from the 17 Peer Support Specialists employed in 2007.

The review found significant progress system-wide in some key indicators of a recovery transformation (see above right).

Strategy 2: Provide Training and Support to the Work Force, the Consumer Community, and the Community-At-Large in Recovery and Recovery-Oriented Practices

As noted, the original wording of this strategy solely addressed work force training. In some respects, that continues to be an overriding need. For the system to work in a more recovery oriented way, the workers must know how best to be helpful. Feedback from many sources indicates the schools that provide the primary education for mental health workers have not incorporated mental health recovery into the curriculum. Thankfully, this is beginning to change in some institutions. The Recovery Advisory Committee has indicated an interest in furthering such changes.

Still, the current work force requires assistance to find and use those technologies that have been found to foster and support recovery. Progress has been made in identifying those competencies that are required, in order to provide services in a way that is oriented to and supports recovery.

In the last year, training and information sharing about mental health recovery began to be provided to the consumer community and the community-at-large.

> *"Recovery involves the development of new meaning and a purpose in one's life as one grows beyond the catastrophic effects of mental illness.*
>
> - William Anthony

Strategy 2 Achievements (July 2008 – July 2009)

- Work Force Training: In partnership with providers and consumers, MHCADSD contracted with Essential Learning, the preeminent provider of Web-based online training in behavioral health. Essential Learning's existing catalog includes many courses specific to mental health

recovery. Where there are aspects or local specifics that are not included, Essential Learning is working with King County to develop additional high quality training courses. Implementation began in July 2009. Essential Learning allows for individualized training plans for agencies and staff and recognizes already existing strengths. Incorporating these recovery principles in our system planning and provision of training creates a strong system that has integrity.

- Peer Counselor Training: Washington State has a curriculum used by King County for peer counselor training. This state-approved training was provided in January and June 2009. A new curriculum will be provided at the next peer counselor training in the fall of 2009 that better incorporates issues and skills for parent peers. Dr. Charles Huffine, MHCADSD Medical Director for children, families and youth, contributed to the development of the new curriculum.

Peer Counselor Training Program

- Seventy-seven trained peers graduated
- King County has provided four of the training series to date
- Student peers show up on time, 8 a.m.-5 p.m. for five full days, enthusiastic and ready to work
- King County provides test prep sessions to improve exam scores
- The training program always has a waitlist.

- Recovery Celebrations: Nearly 200 people attended recovery celebrations provided by MHCADSD in March 2009, bringing the good news of mental health recovery to the community of people who participate in services. Five recovery celebrations were held across the county to be accessible to as many people as possible. Great food, decorations, and music made for festive events.
  The celebrations included a presentation about recovery and resiliency by members of the Voices of Recovery advisory committee; an introduction to the King County Mental Health Recovery Web page; and orientations to supported employment, clubhouses, and peer support services. The local National Alliance on Mental Illness (NAMI) organization also presented their programs. Recovery celebrations will be annual events in King County.
- Mental Health Recovery Art Poster Contest: King County sponsored a contest for the best poster art celebrating the 10+1 Fundamentals of Mental Health Recovery. Current and former clients of the King County Mental Health Plan were eligible to enter. The winner received a $150 gift certificate at the store of her or his choice. The winning artwork was incorporated into a poster that will receive wide distribution across King County. This is planned to be an annual event to help spread the word about mental health recovery for the community-at-large. There were 42 entries from 21 artists. The winning artwork communicates the essential nature of recovery beautifully. The artist will be recognized at a King County Council meeting.

Mental Health Recovery Poster Contest

The winning artist, Renee Klause Pond, created a strikingly beautiful design. She wrote that *"the colors are intense and bright because the process for recovery is just that…intense but bright, hopeful."*

- Mental Health Recovery Web Page: The Web page went live in January 2009 and is available at: http://www.kingcounty.gov/healthservices/MentalHealth/Recovery.aspx. A column is dedicated to consumer recovery stories, recognized as one of the most powerful ways to engender hope. There are four sections: 1) Having a voice – consumer leadership, peer services and opportunities; 2) King County Transformation Initiatives; Knowledge is power – information about

mental illness, medications, stigma and money management; and 4) Wellness – information on coping with symptoms and stress, building social support, healthy living and self advocacy.

- King County Mental Health *Recovery Roundup:* The *Roundup* began publication in spring 2008 and has been updated and distributed widely every quarter since. In addition to providing periodic updates of current transformation efforts, the *Roundup* affords an opportunity to provide education to the community-at-large about mental health recovery.

  There are two sections to the *Recovery Roundup*: a section about King County recovery initiatives; and a section about recovery activities developed by consumers. One such example of fully consumer generated and supported initiatives is the warm line. A warm line is a phone line a person living with mental health challenges can call when needing someone to talk to, when feeling lonely, sad or stressed and before they are in crisis. The warm line offers the opportunity to speak with another peer/consumer, who has received appropriate training and supervision. The warm line began services in March 2009 and operates on weekend evenings. A recent issue of the *Recovery Roundup* is included as Attachment B.

- Metabolic Screening: In January 2009, a protocol to screen for certain health risks became routine for the treatment of people diagnosed with schizophrenia. In May 2006, King County providers had begun screening individuals who have a diagnosis of schizophrenia and are prescribed an atypical anti-psychotic medication. Research has shown that the combination can contribute to metabolic syndrome, a risk factor for diabetes and other serious health conditions. Prescribers provided blood tests, checked weight and blood pressure, and screened for cigarette smoking. The vast majority of people were found to be overweight and/or having high blood pressure, high lipids and triglycerides, and/or high serum glucose indicative of diabetes. Prescribers made referrals to and/or coordinated with primary care doctors, did healthy lifestyle counseling, and considered medication changes to medicines less likely to cause these problems. Mental health agencies report that the Metabolic Screening project has raised overall awareness of the crucial importance of wellness among staff and consumers.

Strategy 3: Use of Regulatory Practices to Promote Change

The level of regulatory activity needed to transform practices is greater during times of rapid change. More focused monitoring of contracts and policies and procedures, both for the King County Mental Health Plan and those at the mental health agencies, are required.

Strategy 3 Achievements (July 2008 – July 2009)

- Policies and Procedures: King County MHCADSD revised 2009 policies, procedures, and contracts at the county level to include enhanced recovery language and concepts. For example, terms such as "case manager" in a recovery lens are seen as pejorative, labeling people served as "cases" that must be managed. Instead, the terms "care coordinator" or "clinician" are suggested. The review for 2010 policies and procedures is currently underway.
- Contract Compliance: Targeted follow-up and oversight subsequent to provider site reviews started in spring 2008 and continued with the 2009 contract compliance site visits. Agency policies and procedures were reviewed in 2009 to ensure compliance with the Standards for Peer Supports. Findings indicate a more in-depth review of agency practices is needed with regard to the employment of peer support specialists at some agencies.

Initiatives Impacting the Mental Health Recovery Plan

Two efforts underway within MHCADSD are having an impact on the Mental Health Recovery Plan implementation: the Systems Integration Initiative focused on justice-involved youth and the Mental Illness and Drug Dependency (MIDD) Action Plan.

King County Systems Integration Initiative

The MHCADSD is an active participant in the King County Systems Integration Initiative, comprised of state and local youth serving agencies. The members are working to improve policies and practices that promote the coordination and integration of services for youth involved in multiple systems. Through the King County Systems Integration Initiative and a grant from the MacArthur Foundation Models for Change project, MHCADSD has facilitated the publication of an Information Sharing Guide. The guidebook provides an analysis of state and federal information sharing laws and guidelines to promote coordination and collaboration among child serving systems to promote the well being of children and youth.

Mental Illness and Drug Dependency Action Plan

> *"People in the United States who have severe mental illnesses die 25 years earlier than do members of the general population."*
>
> - A finding from research funded by the National Association of State Mental Health Program Directors, published Oct. 2006

In 2009, the King County Council moved to increase the local sales tax by one-tenth of one percent to fund new or enhanced mental health and substance abuse services and specialty court services. The planning and

implementation process for the MIDD Action Plan and the funding from the sales tax provides programming explicitly and implicitly supports the goals of the recovery initiatives.

Changes in the economy and resulting decreases in tax revenue have resulted in state legislation that allows some MIDD funds to be used to supplant other state and local funding that has been lost. The King County Executive has proposed that about 30 percent of MIDD funds be used for this supplantation. The final amount will be determined by the King County Council when the 2010 King County Budget is finalized. This supplantation of MIDD revenues will have an effect on the implementation of certain MIDD strategies.

Consumers report that one of the most important keys to recovery is being able to obtain necessary treatment. The MIDD is currently providing funding to provide mental health services to some individuals who do not qualify for Medicaid.

The MIDD Plan also includes strategies to support development of housing resources and to provide supportive services for individuals with mental illness and substance abuse issues to help them maintain their housing.

Other MIDD funded strategies being implemented that support the principles and goals of the Mental Health Recovery Plan include wraparound services for children, youth and families; parent and youth peer capacity development; enhanced re-entry services for persons leaving jail; and increased mental health court services, among other strategies.

> *"Recovery has only recently become a word used in relation to the experience of psychiatric symptoms. Those of us who experience psychiatric symptoms are commonly told that these symptoms are incurable, that we will have to live with them for the rest of our lives, that the medications, if they (health care professionals) can find the right ones or the right combination, may help, and that we will always have to take the medications. Many of us have even been told that these symptoms will worsen as we get older. Nothing about recovery was ever mentioned. Nothing about hope. Nothing about anything we can do to help ourselves. Nothing about empowerment. Nothing about wellness…"*
>
> *"Now the times have changed. Those of us who have experienced these symptoms are sharing information and learning from each other that these symptoms do not have to mean that we must give up our dreams and our goals, and that they don't have to go on forever…People who have experienced even the most severe psychiatric symptoms are doctors of all kinds, lawyers, teachers, accountants, advocates, social workers. We are successfully establishing and maintaining intimate relationships. We are good parents. We have warm relationships with our partners, parents, siblings, friends, and colleagues. We are climbing mountains, planting gardens, painting pictures, writing books, making quilts, and creating positive change in the world. <u>And</u> it is only with this vision and belief for <u>all</u> people that we can bring hope for everyone."*
>
> - Shery Mead and Mary Ellen Copeland

Looking Ahead to Phase III: Increasing Depth and Complexity

The recovery movement for persons with mental illness was launched by consumers who noticed that some of them were recovering. When professionals began to listen and understand what consumers had to say about their experience with treatment, the potential for everyone to engage in recovery began to manifest.

In King County, consumer voice is being promoted at all levels of the system – in individual services, in agency and county-level policy decisions, in governance and oversight functions, and in the work force. Services identified as recovery-oriented or recovery-promoting are those that consumers themselves identify as the services that they most need, want, and will use. By listening to their voices and implementing the services that will assist them in their recovery journeys, King County is making progress in changing the philosophy that guides the way the mental health system does business.

Rewarding the Promotion of Recovery

For the remainder of 2009 and into 2010, incentives will continue to be earned for establishment of structures and processes, thus assuring systemic changes in practice and infrastructure at the agency level. In addition to the structures and processes identified for incentives in 2009, incentives in 2010 will be earned for the provision of or solid progress in providing peer support services. Specific to older adults, agencies shall include their voice and choice in service planning and in increasing meaningful activity in their lives. Assessing these measures will require an in-depth review of progress.

Two new ad hoc work groups will soon form. The first work group will develop or identify a survey to interview older adults about their involvement in their service planning and increasing meaningful activity in their lives. The second work group will focus on employment, recognizing that incentives will be shifting in the next year to the number of people actually employed. While the earlier focus of the incentives for employment was the establishment of high fidelity supported employment programs (structures and processes), shifting to paying incentives for the outcome of actual jobs requires accessing a broad base of supports and resources for consumers. Educating everyone, from mental health workers to consumers and family members, that consumers can work successfully with the appropriate supports and keep their benefits is crucial and will be included in the trainings. Partnership with providers and input from consumers to identify and address barriers will result in a successful plan to improve outcomes.

The shift toward outcome measures and away from structure and process measures is anticipated to begin in 2011. Based on what has been learned from efforts in other parts of the country, as incentives are earned and the processes are fully integrated, they can be considered established. New measures will then be selected to have incentives attached.

While incentive funding is a great advantage, it cannot be the sole source of funds for developing new services or increasing the provision of the most desirable services. Provider agencies are

examining their own practices and business plans, retooling their service systems, and redeploying their staff and financial resources to promote recovery-oriented practices.

Providing Training and Support for Recovery Practices

The work force will be trained in the use of the Essential Learning system for recovery training in fall 2009. The recovery curriculum will be defined and courses tailored to King County and Washington State law where appropriate. The MHCADSD will provide a "Recovery 101" half-day live training for non-clinical staff that will be offered to the mental health network periodically.

The recovery celebrations, intended to be annual events, will focus on employment in the coming year, as will the 2010 poster art contest.

Two of the most powerful tools in the recovery toolkit are believed to be services provided by peers and Wellness Recovery Action Plans (WRAP) created by the consumers. The MHCADSD has started drafting a strategic plan to increase both to ensure availability to consumers who are interested.

The King County Quality Review Team will be conducting interviews with peers currently working in King County to learn more about their experience and what might be helpful to their success. A quarterly meeting for peers employed in King County is under consideration to commence in 2010 that will afford opportunities for sharing of creativity, information, and other strengths. The plan to increase peer support services will include methods to ensure compliance with the standards for peer supports.

The MHCADSD will seek to increase the opportunities for peer support specialists within the outpatient mental health system, in inpatient facilities, and with allied systems such as criminal justice programs and the state Department of Vocational Rehabilitation. The state approved peer counselor training will continue to be available in King County.

Wellness Recovery Action Plans (WRAP) are plans created by a consumer to help themselves stay well and to manage their lives if a crisis should occur. The WRAP was created by Mary Ellen Copeland, herself a consumer. The strategic plan will result in the creation of a WRAP plan being available to every consumer in King County, either individually or in a group format. The Essential Learning system for work force training in recovery is the exclusive vendor for online training approved by the Copeland Center. The recovery curriculum will include a course that enables a learner/clinician to teach WRAP one-on-one.

There are significant benefits to consumers to learn about and create a WRAP in a group format. The results of a survey of trained WRAP facilitators will be released soon. Several mental health agencies are considering partnering to fund a WRAP facilitators training through the Copeland Center. As funds are available, MHCADSD will seek to increase the availability of WRAP classes.

Use of Regulatory Practices to Promote Change

Policies and procedures and agency contracts will continue to be reviewed and refined as the system changes and as understanding about what is helpful evolves.

Visits to agencies will occur in fall 2009 to review and ensure understanding of the standards for peer support.

Contract compliance site visits will be shaped by the needs for quality management and federal, state, and county requirements, including those necessary for system transformation to a recovery orientation. The MHCADSD will request a report from the mental health agencies in early 2010 about their progress toward the goals they established in their 2007 agency recovery plan.

Conclusion

King County remains committed to the vision of recovery. Some might look at this time of budgetary constraints as a time to pull back. Instead, MHCADSD will continue investing in the strategies for system change necessary to transform the mental health system in King County to one that truly supports the mental health recovery of the people who participate in mental health services.

The ultimate goal of these transformation initiatives is that consumers may achieve the promise of that which the rest of the population takes for granted. That promise includes the support of family and friends, the sense of purpose and contribution to society through employment and meaningful activities, and the feeling of belonging and selfhood that comes from no longer defining oneself by an uncontrollable diagnosis, but by the proactive development and fulfillment of one's potential.